

## STATE OF NEVADA LOCAL GOVERNMENT EMPLOYEE-MANAGEMENT RELATIONS BOARD Public Records Request

Deliver, Mail, or Fax to: 2501 E. Sahara Avenue, Suite 203 Las Vegas, NV 89104 Fax: (702) 486-4355

Other:

Or E-mail requests to: Marisu Romualdez Abellar Executive Assistant emrb@business.nv.gov

Retain request form for 90 days following completing of request.

Requestor Contact Information						
Name: Organization: Address: City, State, Zip: Phone: E-mail:    Check one:   Paper copies   Electronic copies   Certified copies   Inspection (in person)	Date of Request					
Organization: Address: City, State, Zip: Phone:	Requestor Contact Information					
Address:  City, State, Zip: Phone: E-mail:  Records Requested: Check one:   Paper copies   Electronic copies   Certified copies   Inspection (in person)  Please be specific and include as much detail as possible regarding the records you are requesting.  To complete an estimate, the agency will need the following information:   I will pick up   Please FedEx   Please send USPS   E-mail (if format allows)  Statement   I understand there might be a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above if the estimated cost is expected to be over \$25.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.  Requester Signature   Signa	Name:					
City, State, Zip:   Phone:	Organization:					
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